

## KODAK PATENT DEPARTMENT FACSIMILE TRANSMISSION

October 20, 2003

<b>TO:</b>  Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 223230-1450 Attention: Examiner Callie Shosho  FAX NO. (703) 872-9311	<b>FROM:</b>  Kathleen Neuner Manne Patent Legal Staff EASTMAN KODAK COMPANY 343 State Street Rochester, New York 14650-2201  PHONE: 585-477-2649 FAX NO. 585-477-1148
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OCT 21 2003

Subject: USSN 09/918,584, filed 31 July 2001

Dear Sir,

Transmitted herewith please find Amendment, Transmittal Fee Sheet,  
Supplemental Disclosure Statement, and PTO 1449 Form with cited references.

If you have any questions, you may contact me at (585) 477-2649 or Kathleen  
Neuner Manne at (585) 722-9225.

Thank you for your attention to this matter.



Carol A. Kukurudza  
Patent Legal Assistant  
to Kathleen Neuner Manne

/cak

OFFICIAL

Docket 82817KNM  
Customer No. 01333

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Jin-Shan Wang, et al

INK JET INK COMPOSITION

Serial No. 09/918,584

Filed 31 July 2001

Group Art Unit: 1714

Examiner: Callie E. Shosho

I hereby certify that this correspondence is being  
transmitted via facsimile today to Commissioner For  
Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*James A. Kimmelman*  
James A. Kimmelman  
October 20, 2003  
Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Transmitted herewith is an amendment in the above-identified application:

<input checked="" type="checkbox"/>	No additional fee is required.					
<input type="checkbox"/>	The fee has been calculated as shown below:					
	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	0	MINUS	20	0	X 18	\$0
INDEP	0	MINUS	0	0	X 84	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 280	\$0
					TOTAL	\$0

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$0.  
A duplicate copy of this sheet is enclosed

☒ The Commissioner is hereby authorized to charge payment of  
the following fees associated with this communication or credit any overpayment to Eastman Kodak  
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☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

(For Extensions of Time and other Petitions to the Assistant Commissioner)

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